03-31-03

PTO/SB/22 (10-00)
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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)				Doo	Docket No. (Optional) 4280/1M321US1		
	In re Application of Alan J. Korman et al.						
	Application Number 09/64	4,668		Filed	August 24, 2000	HOE	
	For: HUMAN CTLA-4 ANTIBODIES AND				IR USES	ECH CENTER	
	Group Art Unit	1644	Examin	er	Jessica H. ROARK	91 E	
Group Art Unit 1644 Examiner Jessica H. ROARK This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and appropriate non-small-entity fee are as follows							
(check time period desired):	ate non-small-entity re	c are as iono	***3				
One month (37 CFR 1.17(a)(1))					110.00		
Two months (37 CFR 1.17(a)(2))				\$			
Three months (37 CFR 1.17(a)(3))				\$			
Four months (37 CFR 1.17(a)(4))				\$			
Five months (37 CFR 1.17(a)(5))				\$			
Applicant claims small entity sta	itus. See 37 CFR 1.2	7. Therefore,	, the fee a	amount	shown		
above is reduced by one-half, and the resulting fee is: \$							
X A check in the amount of the fee is enclosed.							
Payment by credit card. Form PTO-2038 is attached.							
The Commissioner has already been authorized to charge fees in this application to a Deposit Account.							
The Commissioner is hereby authorized to charge any fees which may be required, or credit							
any overpayment, to Deposit Ac		04-0100		•			
I have enclosed a duplicate cop	y of this sneet.						
I am the applicant/inventor.	-f.41 1 1 1 1 1	0 07 050	0.74				
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).							
	attorney or agent of record.						
	attorney or agent under 37 CFR 1.34(a).						
Registration number if acting under 37 CFR 1.34(a) 43,287							
March 28, 2003 Date Signature							
·	•		Samuel S	S. Woo	()		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below							
1 forms are submit	ted.						
MED1 00000005 09644668							

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